# Star Health and Allied Insurance Company Limited

STAR Health Insurance — Personal & Caring — The Health Insurance Specialist

## Family Health Optima Insurance Plan

**SHAHLIP21211V042021**

**In consideration of payment of Rs.12031 /- towards renewal premium of Policy number: P/131112/01/2021/001715, the policy stands renewed for a further period of 1 year as per the details given below.**

**Renewal Endorsement No : P/131112/01/2022/002886**

| | | | |
|---|---|---|---|
| Customer Code | : AA0003363360 | GSTIN | : 36AAJCS4517L1ZZ |
| Customer Name | : Mr.GAURANG JAYANTILAL MODY | SAC Code | : 997133/Accident and Health Insurance Services |
| Proposer Code | : 5114157 | Issuing Office Code | : 131112 |
| Proposer Name | : GAURANG JAYANTILAL MODY | Issuing Office Name | : Branch Office - Tadbund |
| Address | : H.NO:5-4-187/3&4,2ND FLOOR,SOHAM MANSION,M.G.ROAD,SEC'BAD-500003 * * Hyderabad (M Corp.+OG) (Part),Hyderabad,Telangana-500003 | Address | : Plot No 6-3-864/4/B,SBN Arcade,3rd Floor,Opp Green Park Hotel, Greenlands, Ameerpet,Hyderabad -500016 |
| Tel/Mobile | : 9700225862/9700225862/ | Tel/Mobile | : 040 - 42222120 |
| E-mail id | : | E-mail id | : tadbund.hyderabad@starhealth.in |
| Proposer GSTIN | : - | Place of Supply | : - |
| Proposal date | : 26/03/2012 | Fulfiller Code | : SH9400 |
| Date of Inception of first policy | : 28-MAR-2012 | **Intermediary Code** | **: BA0000596027** |
| Renewal Year | : Ninth Year | **Name** | **: Mrs.KAMBAM KEERTHANA REDDY** |
| Collection Number & Date | : 1023002994 & 09/06/2021 | **Tel/Mobile** | **: 9676033203/9676033203** |
| Premium | : Rs 10195 /- | **E-mail id** | **: keerthanareddy.kambam@gmail.com** |
| CGST @9% : Rs 918/- SGST / UTGST @9% : Rs 918/- | | | |
| Total Premium : Rs 12031 /- Stamp Duty : Re 1/- | | | |

**Total Premium In Words : Rupees Twelve Thousand Thirty One Only**

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

**Period of insurance : From :** 09/06/2021 12:22 **To :** Midnight of 08/06/2022

**Basic Floater Sum Insured :** 300000 **Scheme Description :** 1A+2C

**In words :** Rupees: Three Lakhs Only

**Bonus: Rs.** 195000 **Limit of Coverage : Rs.** 495000 **Recharge Benefit :** Rs. 75000

**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 | AJEETA MODY | F | 15/04/1971 | 50 | SPOUSE | 2259804-2 | NIL-waiver of 30 days waiting period and waiver of first year exclusion | 28/03/2012 |
| 2 | HRIDHI MODY | F | 21/11/2005 | 15 | DEPENDANT CHILD | 2259804-3 | NIL-waiver of 30 days waiting period and waiver of first year exclusion | 28/03/2012 |

Entered By : SH14541
Approved By : SH14541

For Star Health and Allied Insurance Company Ltd.

Star Health & Allied Insurance Co. Ltd. Tadbund Hyderabad

Authorised Signatory

**IRDAI Regn. No 129**

**Corporate Identity Number U66010TN2005PLC056649**

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

# Star Health and Allied Insurance Company Limited

**Attached to and forming part of Policy No. P/131112/01/2022/002886**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 3 | RISHAAN MODY | M | 25/11/2010 | 10 | DEPENDANT CHILD | 2259804-4 | No PED declared | 28/03/2012 |

**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 |

**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).

Condition No. 3 regarding delay in payment of claim 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"
Condition No: 13 of the policy wordings should read as follows
"Automatic Termination: The insurance under this policy shall terminate immediately on the earlier of the following events:
* Upon the death of the Insured Person This means that, the cover for the surviving members of the family will continue, subject to other terms of the policy.
* Upon exhaustion of the Basic Sum Insured, Basic Sum Insured plus Bonus, Basic Sum Insured plus Bonus plus Restore and / or Recharge Sum Insured."

**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 : GSO5/1992/P/2021 DATED 20/3/2021"**

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

Entered By : SH14541
Approved By : SH14541

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

# Star Health and Allied Insurance Company Limited

**Attached to and forming part of Policy No. P/131112/01/2022/002886**

are to be carried out;
iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

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 - Tadbund on 11th Day of June 2021.

**Permanent Exclusion Details**

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

Entered By : SH14541
Approved By : SH14541

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

# Star Health and Allied Insurance Company Limited

**TAX Invoice**

| | | | | | |
|---|---|---|---|---|---|
| Invoice No. | : | 36C023Y22P000378 | Customer ID | : | AA0003363360 |
| Invoice Date | : | 11/06/21 | Policy No | : | P/131112/01/2022/002886 |
| Recipient | | | Supplier | | |
| GSTIN | : | - | GSTIN | : | 36AAJCS4517L1ZZ |
| Proposer Name | : | GAURANG JAYANTILAL MODY | NAME | : | Star Health and Allied Insurance Co Ltd - Branch Office - Tadbund |
| Address | : | H.NO:5-4-187/3&4,2ND FLOOR,SOHAM MANSION,M.G.ROAD,SEC'BAD-500003 * * | Tel/Mobile | : | Plot No 6-3-864/4/B,SBN Arcade,3rd Floor,Opp Green Park Hotel, Greenlands, Ameerpet,Hyderabad - 500016 |
| City | : | Hyderabad (M Corp.+OG) (Part),Hyderabad,Telangana-500003 | City | : | TADBUND |
| State | : | Telangana | State | : | |
| Pincode | : | 500003 | Pincode | : | 500009 |
| Client Category | : | IND | 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 | 10195 | 0 | 10195 | | 918 | 918 | | Rs. 12031 |

Total Invoice Value (in Figures) : Rs. 12031

Total Invoice Value (in Words) : Rupees: Twelve thousand thirty-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.

**E. & O.E**

This is a digitally signed document and hence no physical signature is required

**IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in**

Entered By : SH14541
Approved By : SH14541

For Star Health and Allied Insurance Company Ltd.

Star Health & Allied Insurance Company Ltd. Tadbund, Hyderabad.

Authorised Signatory

STAR Health Insurance
Personal & Caring
The Health Insurance Specialist

# Star Health and Allied Insurance Company Limited

## Tax Certificate

**To**

**Policy Holder Name :** GAURANG JAYANTILAL MODY

**Address :** H.NO:5-4-187/3&4,2ND FLOOR,SOHAM MANSION,M.G.ROAD,SEC'BAD-500003
*
Hyderabad (M Corp.+OG) (Part)
500003

**Subject:** Premium Certificate for the purpose of deduction under Section 80 D of Income Tax Act 1961 and any amendments made thereafter.

**Dear GAURANG JAYANTILAL MODY**

This is to certify that the company has received the premium for Health Insurance Coverage under "Health Insurance Policy" with the following details.

| | | | |
|---|---|---|---|
| **Policy Holder's Name :** | GAURANG JAYANTILAL MODY | **Policy No. :** | P/131112/01/2022/002886 |
| **Policy Name :** | Family Health Optima Insurance - 2017 | **Total Premium :** | 12031 |
| **Policy Start Date :** | 09/06/2021 | **Policy End Date :** | 08/06/2022 |
| **Proposer GSTIN :** | - | **Servicing Branch GSTIN :** | 36AAJCS4517L1ZZ |
| **Servicing Branch Code & Name :** | 131112 - Branch Office - Tadbund<br>Branch Office - Tadbund | **Servicing Branch Address :** | Plot No 6-3-864/4/B,SBN Arcade,3rd Floor,Opp Green Park Hotel, Greenlands, Ameerpet,Hyderabad -500016 |

| Receipt Date | Basic Premium | IGST | | CGST | | SGST | | Total Premium |
|---|---|---|---|---|---|---|---|---|
| | | % | Rs. | % | Rs. | % | Rs. | |
| 09-JUN-21 | 10195 | 0 | 0 | 9 | 918 | 9 | 918 | 12031 |

| Financial Year | Amount |
|---|---|
| 2021-2022 | 12031 |

Star Health & Allied Insurance Co.

# Star Health and Allied Insurance Company Limited

The Product is eligible for deduction us 80D of the Income Tax Act 1961 and any amendments made there to.

Note:-
1) This certificate must be surrendered to the Insurance Company of insurance of fresh Certificate in case of Cancellation of the Policy or any alternation in the Insurance affecting the Premium.
2) This Certificate is reflecting the Premium(s) Receipts cleared at the time of generating this certificate.
3) The Liability of any changes in the Premium Receipt's clearing status post generating the certificate shall be upon the policy holder.

**Date** : 11/06/2021

**Place :**

**IRDA Regn. No 129**

**Corporate Identity Number U66010TN2005PLC056649**

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

**For and On behalf of**

**Star Health and Allied Insurance Company Ltd**

**Authorised signatory.**

# Star Health and Allied Insurance Company Limited

**IMPORTANT**

11/06/2021

To,

GAURANG JAYANTILAL MODY,
H.NO:5-4-187/3&4,2ND FLOOR,SOHAM MANSION,M.G.ROAD,SEC'BAD-500003
*
*
Hyderabad (M Corp.+OG) (Part),Hyderabad,Telangana -**500003**
Mobile : 9700225862.

Dear Customer,

Re: Health Insurance Policy - P/131112/01/2022/002886

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.



Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034. Phone : 044-28302300 / 28288800 Toll Free Fax No.: 1800-425-5522
Toll Free No.:1800-425-2255 / 1800-102-4477, CIN : U66010TN2005PLC056649 Email : support@starhealth.in Website : www.starhealth.in IRDAI Regn. No: 129

भारत सरकार

आधार

भारत प्रभुत्वं
Unique Identification Authority of India
Government of India

నమోదు సంఖ్య / Enrollment No. : 1118/60013/00401

To
**Gaurang Mody**
గౌరాంగ్ మోడీ
S/O: Jayanti Lal
Sapphire Apts Apt-105
Chikoti Gardens
Next to HDFC lane
Begumpet
Secunderabad
Begumpet,Hyderabad
Andhra Pradesh - 500016
9848042067

20/05/2013

KL130447863FT
13044786

మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

**3594 5138 3669**

ఆధార్ – సామాన్యుని హక్కు

భారత ప్రభుత్వం
Government of India

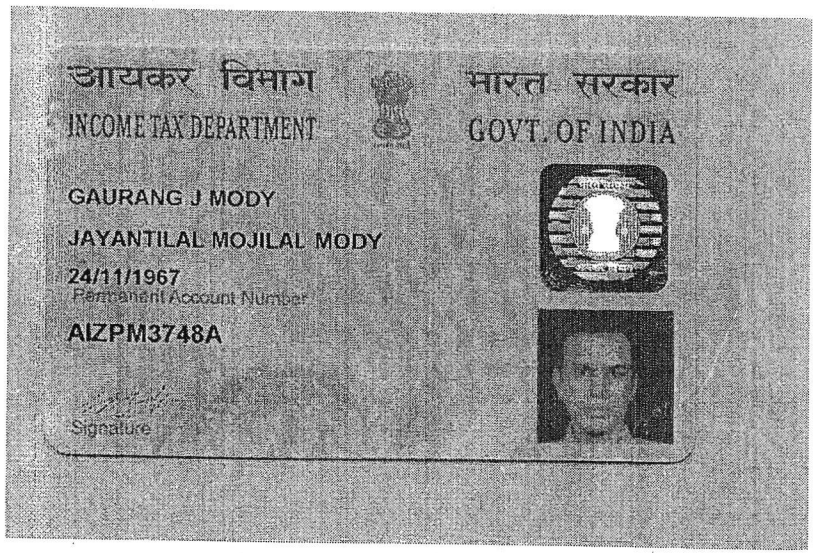
గౌరాంగ్ మోడీ
**Gaurang Mody**

పుట్టిన సంవత్సరం/Year of Birth: 1967
పురుషుడు / Male

**3594 5138 3669**

ఆధార్ – సామాన్యుని హక్కు

TRUE COPY


आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA
GAURANG J MODY
JAYANTILAL MOJILAL MODY
24/11/1967
Permanent Account Number
AIZPM3748A
Signature

TRUE COPY