

Star Health and Allied Insurance Company Limited

IMPORTANT 02-SEP-22

To,

Sanchayan Ghosh C/O Soumen Sarkar F1, D4, Sector-9, Nerul

Navi Mumbai, Thane, Maharashtra -400706

Mobile: 9903575499.

Dear Customer,

Re: Health Insurance Policy - P/161130/01/2023/092318

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 (INDIVIDUAL) UNIQUE ID:SHAHLIP22028V072122

In consideration of payment of Rs.40704/- towards renewal premium of Policy number: P/161130/01/2022/067316, the policy stands renewed for a further period of 1 year as per the details given below.

Customer Code : AA0005612320	GSTIN	: 06AAJCS4517L1Z2
Customer Name : Sanchayan Ghosh	SAC Code	: 997133/Accident and Health Insurance Services
Proposer's Code : 7670995	Issuing Office Code	: 161130
Proposer's Name : Sanchayan Ghosh	Issuing Office Name	: Branch Office - Gurgaon III
C/O Soumen Sarkar F1, D4, Sector-9, Nerul Navi Mumbai, Thane, Maharashtra - 400706		: 412/2, K - I Tower, M G Road, Sector 14, Gurgaon, Haryana
Phone No : /9903575499/	Phone No	: 0124-4797452
E-mail ld : Sanchayan.ghosh@icloud.com	E-mail Id	: gurgaon3@starhealth.in
Proposer GSTIN : -	Place of Supply	: -
Proposal date : 03/09/2017	Fulfiller Code	: SO161130
Date of Inception of first policy : 04-SEP-2017 Renewal Year : Fifth Year Collection Number : 1439106988	Intermediary Code	: LC0000000619
Receipt Date : 02/09/2022	Name	: M/S.POLICYBAZAAR
Premium :Rs 34,496 /- IGST @18% : 6,208 /- Stamp Duty :Rs 1 /- Total Premium :Rs 40,704 /-	Phone No	INSURANCE BROKERS PRIVATE LIMITED : 1800-258-5970/9971552250
	E-mail Id	: care@policybazaar.com
Total Premium In Words : Rupees Forty Thousand S	Seven Hundred Four Only	Installment Facility Optn :Yes
Premium Payment Frequency :Quarterly Installme	nt Amount : Rs. 10176	Collection No: 1439106988

								Section 1		Section 10	Pre-	Inception
SI.	Name of the Insured	Sex	Date of Birth	Age in Yrs	Relationshi p with Proposer	ID Card No	Co-Pay	Basic Sum Insured (Health) (Rs.)	Cumulative Bonus Rs	Capital Sum Insured (Rs.)	Existing Disease	Date

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.

Entered by : PREMIA

Aproved by

For Star Health and Allied Insurance Company Ltd.

IRDAI Regn. No 129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

PORTAL

Authorised Signatory

Q. Mosm

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.starthealth.in IRDAI Regn.no: 129



Attached to and forming part of Policy No: P/161130/01/2023/092318

1	Sanchayan Ghosh	М	16/11/1974	47	SELF	7670995-1	0	10000000	10000000	10000000	No PED declared	04/09/2017

Buy Back Pre Existing Disease Opted: No

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	
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INSTALLMENT PREMIUM TABLE

Sr.No	Installment Due Dt.	Premium Amount (Rs)	GST Amount (Rs)	Total Installment Premium Amount (Rs)		
1	04-SEP-22	8624	1552	10176		
2	03-DEC-22	8624	1552	10176		
3	03-MAR-23	8624	1552	10176		
4	03-JUN-23	8624	1552	10176		
Total:		34496	6208	40704		

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

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;
 - 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

Q. Moon

3 of 5



Attached to and forming part of Policy No: P/161130/01/2023/092318

Nominee Details

	Nominee Details for	or the proposer	Appointee Details				
S.No.	Name	Relationship Age %		Appointee Name	Age	Relationship with Nominee	
1	Saswata Bairagya	Others	19	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 - Gurgaon III on 02nd Day of September 2022.

Permanent Exclusion Details

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Insured Name ID Card	Permanent Exclusion Disease
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For Star Health and Allied Insurance Company Ltd.

Q. Mosm

Authorised Signatory



TAX Invoice



Invoice No.	:	6F439Y23P0001159	Customer ID	:	AA0005612320
Invoice Date	:	02/09/22	Policy No	:	P/161130/01/2023/092318
Re	cipie	ent		Su	pplier
GSTIN	:	-	GSTIN	:	06AAJCS4517L1Z2
Proposer's Name	:	Sanchayan Ghosh	NAME	:	Star Health and Allied Insurance Co Ltd - Branch Office - Gurgaon III
Address	:	C/O Soumen Sarkar F1, D4, Sector-9, Nerul	Address	:	412/2, K - I Tower, M G Road, Sector 14, Gurgaon, Haryana
City	:		City	:	GURGAON III
State	:	Maharashtra	State	:	Haryana
Pincode	:	400706	Pincode	:	122001
Client Category	:	IND	Place of Supply	:	6 - Haryana

HSN /	Description of	Total	Discount	TaxableValue	IGST @ 18%	CGST @9%	UT/SGST@9%	CESS@1%	Total Invoice Value
SAC Code	Service(s)	A	В	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	34496	0	34496	6208				Rs. 40704

Total Invoice Value (in Figures) : Rs. 40704

Total Invoice Value (in Words) : Rupees: Forty thousand seven

hundred four only

Amount of Tax Subject to reverse Charge: No

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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

Aproved by

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 : PREMIA For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Q. Mosm

5 of 5