



# Star Health And Allied Insurance Company Limited

Date : 08-Oct-2023

**IMPORTANT**

To,  
AJAY BALKRUSHNA KHARCHHE  
202, RAKSHAK NAGAR - 5,  
KHARADI, PUNE  
Pune City Tehsil, Maharashtra-411014  
Mobile : 9423216621

Dear Customer,

**Re: Health Insurance Policy - 11240443726601**

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 Unique Identification No. SHAHLIP23164V072223 POLICY SCHEDULE

<b>Policy No.</b> : 11240443726601	<b>Previous Policy No</b> : P/151113/01/2023/034206
<b>Customer Code</b> : CB0000122289	<b>GSTIN</b> : 27AAJCS4517L1ZY
<b>Customer Name</b> : M/S.D K ROBOTICS AUTOMATION	<b>SAC Code</b> : 997133 / Accident and Health Insurance Services
<b>Proposer Code</b> : 31402962	<b>Issuing Office Code</b> : 151113
<b>Proposer Name</b> : AJAY BALKRUSHNA KHARCHÉ	<b>Issuing Office Name</b> : Branch Office - Nashik
<b>Proposer Address</b> : 202, RAKSHAK NAGAR - 5, KHARADI, PUNE Pune City Tehsil Maharashtra 411014	<b>Issuing Office Address</b> : Shop No 3,4,5,6,19,20,21, Ground floor Plot No. 01,S.No. 547/2, CTS NO 7060,7061 F.P.No-78. Kapadia Commercial Complex, Opp. Janalaxmi Bank (H.O.) Old Agra Road Nashik Town Maharashtra 422002
<b>Phone No</b> : 9423216621	<b>Phone No</b> : 0253-6688506/08/09
<b>E-mail Id</b> : vijetas.office@gmail.com	<b>E-mail Id</b> : nashik@starhealth.in
<b>Proposer GSTIN</b> : NO	<b>Place of Supply</b> : Maharashtra
<b>Proposal date</b> : 10-Oct-2022	<b>Fulfiller Code</b> : SH5315
<b>Date of Inception of first policy</b> : 12-Oct-2022	<b>Intermediary Code</b> : BA0000607445
<b>Policy Category</b> : First Year	
<b>Collection No</b> : 191124031203	
<b>Collection Date</b> : 08-Oct-2023	
<b>Premium</b> : Rs. 12,829/-	<b>Name</b> : NARENDRA BALIRAM WAYKOLE
<b>CGST @ 9%</b> : Rs. 1,155/-	<b>Phone No</b> : 9370432979/9370432979
<b>SGST @ 9%</b> : Rs. 1,155/-	<b>E-mail Id</b> : anwayconsultant@gmail.com
<b>Total Premium</b> : Rs. 15,139/-	
<b>Stamp Duty</b> : Re. 1/-	
<b>Total Premium In Words : Rupees Fifteen thousand one hundred thirty nine only</b>	
<b>PERIOD OF INSURANCE</b> : From : 12-Oct-2023 00:00 To : Midnight Of 11-Oct-2024	<b>Policy Term</b> : 1 Year
<b>Installment Facility Option:</b> No <b>Premium Payment Frequency</b> :Annual <b>Installment Amount Rs.</b> : 0/-	
<b>Scheme Description (Family Size)</b> :2A+1C	<b>Basic Floater Sum Insured</b> :Rs. 3,00,000/-
<b>Bonus</b> : Rs. 75,000/-	<b>Limit of Coverage</b> : Rs. 3,75,000/-
	<b>Recharge Benefit</b> : Rs. 75,000/-

Entered by : CUSTPORTAL

Approved by : PORTAL

IRDA Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 2 of 4

**Attached to and forming part of Policy No: 11240443726601**

**Details of Insured Persons :**

Sl. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Inception date
1	AJAY BALKRUSHNA KHARCHE	Male	18-Jan-1994	29	Self	31402962-1	12-Oct-2022
<b>Pre Existing Disease :</b> No PED Declared							
2	JAYSHREE AJAY KHARCHE	Female	15-Jul-1994	29	Spouse	31402962-2	12-Oct-2022
<b>Pre Existing Disease :</b> No PED Declared							
3	RUDRANSH AJAY KHARCHE	Male	29-Nov-2021	1	Son	31402962-3	12-Oct-2022
<b>Pre Existing Disease :</b> No PED Declared							

**Nominee Details:**

Nominee Details for the Proposer					Appointee Details		
S.No	Name	Relationship with proposer	Age	% of the claim	Appointee Name	Appointee Age	Relationship with nominee
1	JAYSHREE AJAY KHARCHE	Spouse	29	100			

**Sector Classification:**

Urban
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**"CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE NO. LOA/CSD/667/2023/1172 DT. 28/MAR/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 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.

**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 - Nashik on 08th Day of October 2023.

Entered by : CUSTPORTAL  
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

Page 3 of 4

## Tax Invoice



<b>Invoice No.</b> : 2723101002588255	<b>Customer ID</b> : CB0000122289		
<b>Invoice Date</b> : 08-Oct-2023	<b>Policy No.</b> : 11240443726601		
<b>Recipient</b>		<b>Supplier</b>	
<b>GSTIN</b> :	<b>GSTIN</b> :	<b>GSTIN</b> : 27AJCS4517L1ZY	
<b>Name</b> :	<b>Name</b> :	Star Health and Allied Insurance Co Ltd - Branch Office - Nashik	
<b>Address</b> :	<b>Address</b> :	Shop No 3,4,5,6,19,20,21, Ground floor Plot No. 01,S.No. 547/2, CTS NO 7060,7061 F.P.No-78. Kapadia Commercial Complex, Opp. Janalaxmi Bank (H.O.) Old Agra Road	
<b>City</b> :	<b>City</b> :	<b>City</b> :	<b>Pin Code</b> :
Pune City Tehsil	<b>Pin Code</b> : 411014	Nashik Town	422002
<b>State</b> :	<b>Client Category</b> :	<b>State</b> :	<b>Place of supply</b> :
Maharashtra	CORP	Maharashtra	Maharashtra

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value 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	12,829.00	0	12,829.00	0	1,155.00	1,155.00	0	15,139.00

**Total Invoice Value (in Figures)** : Rs. 15,139/-  
**Total Invoice Value (in Words)** : Rupees Fifteen thousand one hundred thirty 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  
 "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**

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Page 4 of 4