

ACCIDENT CARE INDIVIDUAL INSURANCE POLICY
Unique Identification No:IRDAI/HLT/SHAI/P-P/V.III/134/2017-18
Schedule

In consideration of payment of Rs.614/- towards renewal premium of **Policy number: P/151118/02/2022/004206**, the policy stands renewed for a further period of 1 year as per the details given below.

Renewal Endorsement No : P/151118/02/2023/004144	
Customer Code : AA0001204015	GSTIN : 27AAJCS4517L1ZY
Customer Name : MR.SADASHIV NIVRATIRAO HELAMBE	SAC CODE : 997133/Accident and Health Insurance Services
Proposer's Code : 8662146	Issuing Office Code : 151118
Proposer Name : MR.SADASHIV NIVRATIRAO HELAMBE	Issuing Office Name : Branch Office-Pimpri
Address : SEC NO-09 PL NO-14 R HOUSE NO-07 OLARK PCNTDA MOSHI PUNE Pimpri Chinchwad,Pune,Maharashtra - 412105	Issuing Office Address : Premises No. 6 & 7, 13 & 14, Sunshine Plaza, CTS NO - 4713, Near Ambedkar Chouk,Station Road Above Ratna Hotel,Pimpri, Pune - 411018
Tel/Mobile : -/9850260097/	Tel/Mobile : 020-67187610/11/12/14
Email id : shelambe@yahoo.com	Email id : pimpri.pune@starhealth.in, pimpri.claims@starhealth.in
Proposer GSTIN : -	Place of Supply : -
Date of Inception of first policy : 31-JAN-2013	Fulfiller Code : SH19645
Renewal Year : Tenth Year	Intermediary Code : BA0000084131 Name : Mr.LAKHE ISHWAR ASHRUBA Phone : /9881611720 Email id : ishwar_lakhe@rediffmail.com
Collection Number : 1212044663	
Collection Date : 19/01/2023	
Premium : Rs.520 /- CGST @9% : Rs.47/- SGST / UTGST @9% : Rs.47/-	
Stamp Duty : Rs . 20 /- Total Premium : Rs . 614 /-	
Total Premium In Words : Indian Rupees Six Hundred Fourteen Only	
Period of Insurance : From 31/01/2023 00:00 To Midnight Of 30/01/2024	
Total Sum Insured : Rs . 400000 /-	
In words : Rupees Four Lakhs Only.	

Entered by : SH14673

Approved by : SH14673

Place : PIMPRI

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

IRDAI Regn. No 129
Corporate Identity Number L66010TN2005PLC056649
Email ID : info@starhealth.in

1 of 5

Attached to and forming part of Policy No: P/151118/02/2023/004144

Insured Details :

Sl. No	Name of the Insured	Gender	DOB	Age in yrs	Relation with proposer	Occupation	Risk Group	Pre-existing Disabilities	Cumulative Bonus Rs.	Inception Date
1	MR.SADASHIV NIVRATIRAO HELAMBE	M	10/07/1973	49	SELF	SERVICE	Risk Group II	NIL	200000	31-JAN-13

Coverage Details :

Sl. No	Name of the Insured	Sum Insured (Rs.)				Optional Benefits opted			
		Table A	Table B	Table C	Total	Medical Expenses Extension	Hospital Cash	Home Convalescence	Winter Sports
1	MR.SADASHIV NIVRATIRAO HELAMBE	0	400000	0	400000	No	No	No	No

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	MRS.SUVARNA HELAMBE	Spouse	47	100			

Sector Classification

Urban		
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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(s) 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 ab-initio (from inception).

General Condition No. 2 regarding Claims Settlement 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"

Important

Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Toll Free No: 1800 425 2255/1800 102 4477 Email: support@starhealth.in Fax No: 1800 425 5522

NOTE : Kindly note that the settlement of claims under the Policy are subject to the provisions of Anti- Money Laundering / Counter Financing of Terrorism (AML/CFT) policy of the Company. For further details, please visit our website www.starhealth.in

"CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE ORDER NO. LOA/CSD/550/2022/5451/22 DATED.22/DEC/2022"

Entered by : SH14673

Approved by : SH14673

Place : PIMPRI

For Star Health and Allied Insurance Company Ltd.


Authorised Signatory

Attached to and forming part of Policy No: P/151118/02/2023/004144

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-Pimpri on 19th Day of January 2023.

Entered by : SH14673

Approved by : SH14673

Place : PIMPRI

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

TAX Invoice

Invoice No. : 27J212Y23P002985	Customer ID : AA0001204015
Invoice Date : 19/01/23	Policy No : P/151118/02/2023/004144
Recipient	Supplier
GSTIN : -	GSTIN : 27AAJCS4517L1ZY
Proposer Name : MR.SADASHIV NIVRATIRAO HELAMBE	NAME : Star Health and Allied Insurance Co Ltd - Branch Office-Pimpri
Address : SEC NO-09 PL NO-14 R HOUSE NO-07 OLARK PCNTDA MOSHI PUNE	Issuing Office Address : Premises No. 6 & 7, 13 & 14, Sunshine Plaza, CTS NO - 4713, Near Ambedkar Chouk, Station Road Above Ratna Hotel, Pimpri, Pune - 411018
City : Pimpri Chinchwad, Pune, Maharashtra	City : PIMPRI
State : Maharashtra	State : Maharashtra
Pincode : 412105	Pincode : 411018
Client Category : IND	Place of Supply : 27 - Maharashtra

HSN / SAC Code	Description of Service(s)	Total	Discount	Taxable Value	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	520	0	520		47	47		Rs. 614

Total Invoice Value (in Figures) : Rs. 614
 Total Invoice Value (in Words) : Rupees: Six hundred fourteen 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

Entered by : SH14673

Approved by : SH14673

Place : PIMPRI

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

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 : SH14673

Approved by : SH14673

Place : PIMPRI

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory